

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

Student:

Final Grade: Satisfactory/Unsatisfactory

Semester: Spring

Date of Completion:

Faculty: Frances Brennan, MSN, RN; Amy M. Rockwell, MSN, RN
Chandra Barnes, MSN, RN; Brian Seitz, MSN, RN, CNE
Brittany Lombardi, MSN, RN, CNE

Faculty eSignature:

DIRECTIONS FOR USE:

Each week the students evaluate themselves based on the competencies using the performance code on page 2. The performance code includes the terms **Satisfactory (S)**, **Needs Improvement (NI)**, **Unsatisfactory (U)**, and **Not Available (NA)**. The faculty member will initial if in agreement with the student’s evaluation. If there is a discrepancy in the performance code evaluation between the student and the faculty member, a note is written in the comment section by the faculty member with the rationale for the evaluation. All competencies must be rated a “S, NI, U, or NA”. If the student does not self-rate, then it is an automatic “U”. A student who submits the clinical evaluation tool late will be rated as “U” in the appropriate competency(s) for that clinical week. Whenever a student receives a “U” in a competency, it must be addressed with a comment as to why it is no longer a “U” the following week. If the student does not state why the “U” is corrected, it will be another “U” until the student addresses it. All clinical competencies are critical to meeting the objectives of the course. If the final performance code is unsatisfactory or needs improvement in any one of the competencies, a grade of unsatisfactory is given. If a pattern of unsatisfactory performance occurs after performing the competency satisfactorily, this also constitutes a grade of unsatisfactory. An unsatisfactory or needs improvement as a final score in any single competency results in a clinical course grade of unsatisfactory; this is a failure of the course. The terms Satisfactory and Unsatisfactory will be used in evaluating the final grade or clinical course performance.

METHODS OF EVALUATION:

- Clinical Assignments
- Completion of Patient Care
- Meditech Documentation
- Observation of Clinical Performance
- Evaluation of Clinical Performance Tool
- Onsite Clinical Debriefing
- Clinical Discussion Rubric
- Preceptor Feedback
- Nursing Care Map Rubric
- Skills Lab Checklists/Competency Tool
- Lasater Clinical Judgment Rubric
- Virtual Simulation scenarios
- Pathophysiology Grading Rubric
- SBAR/Physician Orders Rubric
- Hand-Off Report Competency Rubric

ABSENCE (Refer to Attendance Policy)

Date	Number of Hours	Comments	Make Up (Date/Time)
Initials	Faculty Name		
CB	Chandra Barnes, MSN, RN		
FB	Fran Brennan, MSN, RN		
BL	Brittany Lombardi, MSN, RN, CNE		
AR	Amy Rockwell, MSN, RN		
BS	Brian Seitz, MSN, RN, CNE		

PERFORMANCE CODE

SATISFACTORY CLINICAL PERFORMANCE

Satisfactory (S): Safe; accurate each time, efficient, coordinated; confident, focuses on the patient; some expenditure of excess energy; within a reasonable time period; appropriate affective behavior; occasional supporting cues; minimal faculty feedback needed related to written clinical work.

UNSATISFACTORY CLINICAL PERFORMANCE

Needs Improvement (NI): Safe, accurate each time, skillful in parts of behavior, focuses more on the skill and self rather than the patient, inefficient, uncoordinated, anxious, worried, and flustered at times, expends excess energy within a delayed time period, frequent verbal and occasional physical directive cues in addition to supportive cues, faculty feedback required in several areas of clinical written work.

Unsatisfactory (U): Failure to achieve the course competency, safe but needs faculty reminders constantly, not always accurate, unskilled, inefficient, considerable expenditure of excess energy, anxious, disruptive or omitting behaviors, focus on skills and/or self, continuous verbal and frequent physical cues, unsafe, performs at risk to patient/clients/others, unable to function, incomplete, erroneous, faulty, illegible clinical written work, no feedback sought from faculty or response to feedback not evident in submitted written work. If the student does not self-rate a competency the competency is graded "U." A "U" in a competency must be addressed in writing by the student in the Evaluation of Clinical Performance tool. The student response must include how the competency has been or will be met at a satisfactory level. If the student does not address the "U," the faculty member (s) will continue to rate the competency unsatisfactory.

OTHER

Not Available (NA): The clinical experience which would meet the competency was not available.

Grey shaded weekly competency boxes do not need a student evaluation rating or faculty/teaching assistant initials.

Objective

1. Engage in the coordination and delivery of nursing care measures to groups of patients and to patients with complex problems. (1,3,4,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	NA	NA	NA	NA	NA	S	NA								
a. Manage complex patient care situations with evidence of preparation and organization. (Responding)																		
b. Assess comprehensively as indicated by patient needs and circumstances. (Noticing)	S	S	S	NA	NA	NA	NA	NA	S	S								
c. Evaluate patient’s response to nursing interventions. (Reflecting)	S	S	S	S	NA S	NA	NA	NA	S	S								
d. Interpret cardiac rhythm; determine rate and measurements. (Interpreting)	S NA	NA	NA	NA	NA	NA	NA	NA	NA	NA								
e. Administer medications observing the six rights of medication administration. (Responding)	S	S	S	S	NA	NA	NA	NA	S	NA								
f. Perform venipuncture skill with beginning dexterity and evidence of preparation. (Responding)	S	S	S	S	NA	NA	NA	NA	S	S								
g. Respond appropriately to equipment alarms; IV pumps, ECG monitors, ventilators, etc. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR									
Clinical Location	4N	3T	3T	DH	QC, PH, SH	NA				INFU SION								

Comments:

Week 2 (1a,b)- Great job managing patient care and prioritizing care based on comprehensive assessment. (1d) Make sure you are self-rating on competencies actually completed the corresponding week. This competency was changed to an NA because this competency was not performed. If you performed an IV insertion 1f would be a “S”, if you did not perform that skill it should be rated NA. FB

Week 3 (1a,b,c)- Satisfactory with managing patients during your patient management clinical experiences this week! Great job! FB

Week 4 (1c)- Great job evaluating the plan of care and patient needs to determine the order of care for several patients during this clinical rotation. FB

*End-of- Program Student Learning Outcomes

Week 5 1e: I was not sure if I should put an S for this or not sense we were technically giving medication by running an IV. JP I think giving yourself a “S” here is good because IV fluid is medication! AR (1f)- Great job with several successful IV attempts, appropriate technique was demonstrated. FB
Week 6 (1c)- Satisfactory during Patient Advocate/Discharge Planner clinical and with discussion via CDG posting. Preceptor comments: “Excellent in all areas.”.
Great job! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	NA	NA	NA	NA	NA	S	S								
a. Correlate relationships among disease process, patient’s history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)									S									
b. Monitor for potential risks and anticipate possible early complications. (Noticing, Interpreting, Responding)	S	S	S	NA	S	NA	NA	NA	S	NA								
c. Recognize changes in patient status and take appropriate action. (Noticing, Interpreting, Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
d. Formulate a prioritized nursing plan of care utilizing clinical judgment skills. (Noticing, Interpreting, Responding, Reflecting) *	S	S	S	NA	NA	NA	NA	NA	S	NA								
e. Respect patient and family perspectives, values, and diversity when planning, giving, and adapting care. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR									

***When completing the 4T Care Map CDG refer to the Care Map Rubric**

Comments:

Week 2(2a,b)- Great use of clinical judgement skills to determine patient needs, plan care for patients, and implement appropriate nursing interventions. FB

Week 3 (2a,b,d)- Great job with correlation of patient condition, pathophysiology of disease process, and monitoring of any possible complications. Based off assessments you were able to implement the plan of care for several patients. FB

Week 4 (2a,b)- Good use of clinical judgement as you correlate the relationship between patient’s disease process, current symptoms, and present condition. You are also assessing for potential risks and anticipating possible complications as you prioritize care for your assigned patients. Keep up the good work! FB

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

3. Plan leadership experiences with a mentor to impact team performance, patient safety, and quality indicators. (1,3,5,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	NA S	S	S	NA	NA	NA	NA	NA	S	NA								
a. Critique communication barriers among team members. (Interpreting)	NA S	S	S	NA	NA	NA	NA	NA	S	NA								
b. Participate in QI, core measures, monitoring standards and documentation. (Interpreting & Responding)	NA	NA	NA	NA	S	NA	NA	NA	S	NA								
c. Discuss strategies to achieve fiscal responsibility in clinical practice. (Responding)	NA	NA	NA	NA	S	NA	NA	NA	S	S								
d. Clarify roles & accountability of team members related to delegation. (Noticing)	NA S	NA	S	NA	NA	NA	NA	NA	S	NA								
e. Determine the priority patient from assigned patient population. (Interpreting) (Patient Mgmt.)	NA	S	S	NA	NA	NA	NA	NA	S	NA								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR									

Comments:

Week 2 (3a,d) You discussed barriers in communication as it relates to delegation and being accountable for tasks delegated, therefore these competencies were changed to a "S". Great discussion, noticing accountability of delegation and the clarification of roles. FB

Week 3 (3e) Great job with prioritizing the delivery of care to assigned patients assigned to you this week. FB

Week 4 (3d,e)- You have demonstrated the process of delegation, responsibility, and accountability of the interdisciplinary team members. Great job determining priority care of assigned patients. Keep up the great work! FB

Week 6 (3b,c)- Satisfactory Quality Scavenger Hunt, documentation, and discussion via CDG posting. Satisfactory during Quality Assurance/Core Measures observation and with discussion via CDG posting. Keep up the great work! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Objective

4. 4. Plan for a future in the nursing profession by analyzing information concerning employment, licensure, ethical, and legal issues in nursing focusing on accountability and respecting patient autonomy. (1,2,4,5,7)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	NA	NA	NA	S	S								
a. Critique examples of legal or ethical issues observed in the clinical setting. (Interpreting)	S	S	S	S	S	NA	NA	NA	S	S								
b. Engage with patients and families to make autonomous decisions regarding healthcare. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
c. Exhibit professional behavior in appearance, responsibility, integrity and respect. (Responding)	S	S	S	S	S	S	NA	NA	S	S								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR									

Objective 4a: Provide a comment for the highlighted competency each week. If no clinical experiences, put "NA" for that week.

Comments:

Week 2- An example of a potential ethical issue I noticed on 4N was with a non-verbal 13 y/o patient. The mom would answer all questions for the child, but he was not given the chance to have a writing board or anything of the sort to help himself communicate. I felt like while yes, I agree mom knows most about him and he is minor but he still has some autonomy and should be treated as such in my opinion.

Week 2 (4a) We should treat all patients with respect and provide some autonomy, it does get a little complicated with a minor. If there was question of whether the decisions made by the mother were in the child's best interest that could result in a legal manner. I agree that there are some questions that should be communicated with the child. She cannot know how the child is feeling, for example pain level. There are many ways to communicate and written is definitely a good way. (4c)-You are doing a great job presenting yourself in a professional manner through your attitude, commitment, and eagerness to learn. FB

Week 3: This week a prime example of a legal issue was noticed during a medication pass on one of my patients. This patient was to be given Ativan prior to his brain MRI and my RN got the call they were on their way soon. We went into the pyxis room to pull the medication and my RN wasted with another RN. We went into the room to give the medication, but another patient had just come back from having a PEG tube placed and she left to get bedside report, then got caught up because the patient was having complications. My instructor came by during this time and was willing to stay with me while I gave the medication, but I couldn't find the order in the MAR. The charge nurse was notified that the medication orders were discontinued, and she explained that was due to it being given already. At some point in that time period my RN put in the MAR that she had given the Ativan when she had not. I have no idea how she scanned the medication in because I was with her the whole time and did not witness it happen. So, we were stuck because I now could not give the patient the medication he needed, and the MRI team had gotten there to take the patient down. Another RN on staff gave the medication but that is a huge legal issue because she was the one to give it but, in the patients chart it was under the other nurse's name.

Week 3 (4a)- this is a huge legal concern, you should never first sign out something you have not administered. Second, if there was a mistake and the patient ended up with wrong amount given with bad effect it would fall on the nurse that signed it out. If she did not give it the blame would go to who administered, but how would you

*End-of- Program Student Learning Outcomes

know who it was! Distraction is a big concern for medication administration. The patient that was coming back from a procedure should have been monitored by the PACU nurse until the floor nurse could get to her. FB

Week 4: An ethical issue this week that I noticed on clinical would have to do with hospice. Two of my patients this week were being transferred to hospice. This in itself has a great number of ethical topics that go along with it and have to be discussed before the decision can be made. One that I directly came across was when a family member asked if they could start giving my aspiration pneumonia patient sips of water again since he was being transferred to hospice that evening. In my head I wanted to say no because it was going to make him more uncomfortable in the long run and what if he choked on it right then but also giving sips of water would be considered a comfort measure and with him being a hospice patient that's our goal. I ended up saying no for the time being until I found out the real answer for them but he was transferred out shortly after.

Week 4 (4a) That is a difficult issue. You could offer swabbing the mouth with the sponge swabs. It is uncomfortable to have a dry mouth, so some moisture would assist the patient with comfort measures, but you would not want them to choke on water. Tough decision but you handled the situation in the correct manner. Great job! FB

Week 5: This week was a hard one to come up with a legal issue for but one thing I noticed that could be a potential problem was the status board on the digestive health side. The board is on a wall that can be seen by patients and if they were able to look closely the patients' names were on magnets with what room number they were in. Now even though this is not the typical floor setting it is still a potential HIPPA concern. I agree with your concerns! Great example! AR

Week 6: An ethical issue I noticed this week would be with the patient continuing to call patient advocate repeatedly. The patient advocate had spoken to this patient 3 times and had done everything possible to help her. This patient repeatedly called 10 times and the patient advocate just ignored these calls. I understand why from the advocates perspective but from someone that is only seeing the patient's side of things might not understand her just ignoring the calls. This could come across as her not doing her role as a patient advocate. Such a difficult situation and definitely has ethical implications. Great example! AR

Week 9: I didn't really see any ethical or legal issues in person but there were a few things that have the potential to be an ethical or legal issue. The infusion center has a lot of very expensive medications that they administer. This means that they have to check patients' insurance thoroughly before giving the medications. If they were to miss something it could literally cost someone their house. One of the injections I was shown was 68,000 for just one shot. This leaves a lot of room for legal issues to arise if a mistake is made.

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

5. Construct methods for self-reflection and critiquing healthcare systems, processes, practices and regulations on a weekly basis. (7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	NA	NA	NA	S	S								
a. Reflect on your overall performance in the clinical area for the week. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
b. Demonstrate initiative in seeking new learning opportunities. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
c. Describe factors that create a culture of safety (error reporting, communication, & standardization, etc. (Interpreting)	S	S	S	NA	S	NA	NA	NA	S	NA								
d. Maintain the principles of asepsis and standard/infection control precautions (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
e. Practice use of standardized EBP tools that support safety and quality. (Responding)	S	S	S	NA	S	NA	NA	NA	S	NA								
f. Utilize faculty feedback to improve clinical performance. (Responding & Reflecting)	S	S	S	S	S	NA	NA	NA	S	S								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR									

Comments:

Week 2 (5a)- Reported on by assigned RN during clinical rotation 1/16/2024– Excellent in all areas. Student goals: No student goals were reported. Remember to provide student goals for your next experience. Additional Preceptor comments: “Jody was very attentive to her patient! She was very confident and displayed wonderful care! She even got to draw labs off a PICC line for the first time! SJ/FB

Week 3 (5a)- Reported on by assigned RN during clinical rotation 1/23/2024– Excellent in all areas. Student goals: “More confidence, better time management.” Additional Preceptor comments: “Great job getting an IV on the first try!” TS/FB Reported on by assigned RN during clinical rotation 1/24/2024- Excellent in all areas. Student goals: “To be more organized and try to cluster care more.” Additional preceptor comments: “Jody did an amazing job with her two patients on patient in particular was rather difficult. She showed the initiative to take that patient for a second day in a row and respectfully set boundaries with the patient.” HG/FB

*End-of- Program Student Learning Outcomes

Week 4 (5a) Reported on by assigned RN during clinical rotation on 1/30/2024 –Excellent in all areas, except satisfactory in collection/documentation of data, establishment of plan of care, and delegation. Student goals: “to take on 4 patients.” Additional Preceptor comments: “Very good with patients and well organized!.” BA/FB Reported on by assigned RN during clinical rotation on 1/31/2024 – Excellent in all areas, except satisfactory in establishment of plan of care, and delegation. Student goals: “To learn time management.” Additional Preceptor comments: “Jody will be a great nurse.” BA/FB

Week 6 (5c)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. Great job! AR
Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

6. Engage with members of the healthcare team, patients, families, faculty, and peers through written, verbal and nonverbal methods, and by utilizing computer technology. (1,2,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	NA	NA	NA	S	S								
a. Establish collaborative partnerships with patients, families, and coworkers. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
b. Teach patients and families based on readiness to learn and discharge learning needs. (Interpreting & Responding)	S	S	S	NA	NA	NA	NA	NA	S	S								
c. Collaborate and communicate with members of the healthcare team, patients, and families to achieve optimal patient outcomes. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
d. Deliver effective and concise hand-off reports. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
e. Document interventions and medication administration correctly in the electronic medical record. (Responding)	S	S	S	NA	NA	NA	NA	NA	S	NA								
f. Consistently and appropriately posts in clinical discussion groups. (Responding and Reflecting)	S	S	S	NA	S	NA	NA	NA	S	S								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR									

Comments:

Week 2 (6d) This competency was completed satisfactorily according to the hand-off report rubric, score of 30/30 points. RN comments: "Very thorough for her 1st full handoff report!" SJ/FB (6c) Great job with communication and collaboration skills demonstrated as you worked with assigned RN and other healthcare disciplines. FB

Week 3 (6f)- Satisfactory CDG posting related to your patient management clinical experiences this week! Keep up the great work! FB

Week 4 (6e)- Great job with documenting accurately and appropriately for all aspects of care delivered. FB

Week 6 (6c)- Satisfactory discussion via CDG posting related to your Patient Advocate/Discharge Planner clinical. (6f)- Satisfactory CDG postings related to all

clinical and observation this week. Keep up the great work! AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

Objective

7. Devise methods utilized by nursing to develop the profession, advance the knowledge base, ensure accountability, and improve the outcomes of care delivery. (1,3,4,6,7,8)*

Weeks of Course:	2	3	4	5	6	7	8	Make up	Mid-term	9	10	11	12	13	14	15	Make up	Final
Competencies:	S	S	S	S	S	S	NA	NA	S	S								
a. Value the need for continuous improvement in clinical practice based on evidence. (Responding)																		
b. Accountable for investigating evidence-based practice to improve patient outcomes. (Responding)	S	S	S	S	S	NA	NA	NA	S	NA								
c. Comply with the FRMCSN "Student Code of Conduct Policy." (Responding)	S	S	S	S	S	S	NA	NA	S	S								
d. Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm during all clinical interactions. (Responding)	S	S	S	S	S	NA	NA	NA	S	S								
Faculty Initials	FB	FB	FB	AR	AR	AR	AR	AR	AR									

Comments:

Week 4 (7d)- Great job displaying a great attitude, commitment to provide optimal care, and enthusiasm for the caring of individuals at a very vulnerable and often difficult time of their lives. FB

Week 6 (7a)- Satisfactory discussion via CDG posting related to your Quality Assurance/Core Measures observation. AR

Midterm- Great job during all clinical experiences during the first half of the semester! Keep up the great work as you continue through the course. AR

Clinical Judgment Terminology: Noticing, Interpreting, Responding, Reflecting

*End-of- Program Student Learning Outcomes

Care Map Evaluation Tool**
AMSN
2024

Date	Nursing Priority Problem	Evaluation & Instructor Initials	Remediation & Instructor Initials

** AMSN students are required to submit one satisfactory care map (CDG) during the 3-week 4T clinical rotation. If the care map is not evaluated as satisfactory upon initial submission, the student has one opportunity to revise the care map based on instructor feedback.

Comments:

Firelands Regional Medical Center School of Nursing
Care Map Grading Rubric
AMSN
2024

Student Name:		Course Objective: Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment.					
Date or Clinical Week:							
Criteria		3	2	1	0	Points Earned	Comments
Noticing	1. Identify all abnormal assessment findings (subjective and objective); include specific patient data.	(lists at least 7*) *provides explanation if < 7	(lists 5-6)	(lists 5-7 but no specific patient data included)	(lists < 5 or gives no explanation)		
	2. Identify all abnormal lab findings/diagnostic tests; include specific patient data.	(lists at least 3*) *provides explanation if < 3		(lists 3 but no specific patient data included)	(lists < 3 or gives no explanation)		
	3. Identify all risk factors relevant to the patient.	(lists at least 5*) *provides explanation if < 5	(lists 4)	(lists 3)	(lists < 3 or gives no explanation)		
Interpreting	4. List all nursing priorities and highlight the top priority problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	5. Highlight all of the related/relevant data from the Noticing boxes that support the top priority nursing problem.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	6. Identify all potential complications for the top nursing priority problem.	(lists at least 3)	(lists 2)		(lists < 2)		
	7. Identify signs and symptoms to monitor for each complication.	(lists at least 3)	(lists 2)		(lists < 2)		
Responding	8. List all nursing interventions relevant to the top nursing priority.	> 75% complete	50-75% complete	< 50% complete	0% complete		
	9. Interventions are prioritized	> 75% complete	50-75% complete	< 50% complete	0% complete		
	10. All interventions include a frequency	> 75% complete	50-75% complete	< 50% complete	0% complete		
	11. All interventions are individualized and realistic	> 75% complete	50-75% complete	< 50% complete	0% complete		

*End-of- Program Student Learning Outcomes

	12. An appropriate rationale is included for each intervention	> 75% complete	50-75% complete	< 50% complete	0% complete		
Reflecting	13. List all of the highlighted reassessment findings for the top nursing priority.	>75% complete	50-75% complete	<50% complete	0% complete		
	14. Evaluation includes one of the following statements: <ul style="list-style-type: none"> • Continue plan of care • Modify plan of care • Terminate plan of care 	Complete			Not complete		
<p>Total Possible Points= 42 points 42-33 points = Satisfactory 32-21 points = Needs Improvement* < 21 points = Unsatisfactory* *Total points adding up to less than or equal to 32 points require revision and resubmission until Satisfactory. Refer to the course specific requirements for resubmission deadlines.</p> <p>Faculty/Teaching Assistant Comments:</p>						<p>Total Points:</p>	
						<p>Faculty/Teaching Assistant Initials:</p>	

Pathophysiology Grading Rubric
 Firelands Regional Medical Center School of Nursing
 Advanced Medical Surgical Nursing
 2024

Student Name:

Clinical Date:

<p>1. Provide a description of your patient including current diagnosis and past medical history. (4 points total)</p> <ul style="list-style-type: none"> • Current Diagnosis (2) • Past Medical History (2) 	<p>Total Points: Comments:</p>
<p>2. Describe the pathophysiology of your patient's current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • Pathophysiology-what is happening in the body at the cellular level (6) 	<p>Total Points: Comments:</p>
<p>3. Correlate the patient's current diagnosis with presenting signs and symptoms. (6 points total)</p> <ul style="list-style-type: none"> • All patient's signs and symptoms included (2) • Explanation of what signs and symptoms are typically expected with this current diagnosis (Do these differ from what your patient presented with?) (2) • Explanation of how all patient's signs and symptoms correlate with current diagnosis. (2) 	<p>Total Points: Comments:</p>
<p>4. Correlate the patient's current diagnosis with all related labs. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant lab result values included (3) • Rationale provided for each lab test performed (3) • Explanation provided of what a normal lab result should be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant lab result values correlate with current diagnosis (3) 	<p>Total Points: Comments:</p>
<p>5. Correlate the patient's current diagnosis with all related diagnostic tests. (12 points total)</p> <ul style="list-style-type: none"> • All patient's relevant diagnostic tests and results included (3) • Rationale provided for each diagnostic test performed (3) • Explanation provided of what a normal diagnostic test result would be in the absence of current diagnosis (3) • Explanation of how each of the patient's relevant diagnostic test results correlate with current diagnosis (3) 	<p>Total Points: Comments:</p>
<p>6. Correlate the patient's current diagnosis with all related medications. (9 points total)</p>	<p>Total Points: Comments:</p>

<ul style="list-style-type: none"> • All related medications included (3) • Rationale provided for the use of each medication (3) • Explanation of how each of the patient's relevant medications correlate with current diagnosis (3) 	
<p>7. Correlate the patient's current diagnosis with all pertinent past medical history. (4 points total)</p> <ul style="list-style-type: none"> • All pertinent past medical history included (2) • Explanation of how patient's pertinent past medical history correlates with current diagnosis (2) 	<p>Total Points: Comments:</p>
<p>8. Prioritize nursing interventions related to current diagnosis. (6 points total)</p> <ul style="list-style-type: none"> • All nursing interventions provided for patient prioritized and rationales provided (6) 	<p>Total Points: Comments:</p>
<p>9. Discuss the role of interdisciplinary team members in the care of the patient. (6 points total)</p> <ul style="list-style-type: none"> • Identifies all interdisciplinary team members currently involved in the care of the patient (2) • Explains how each current interdisciplinary team member contributes to positive patient outcomes (2) • Identifies additional interdisciplinary team members (not involved currently) that should be included in the care of the patient to ensure positive patient outcomes (2) 	<p>Total Points: Comments:</p>
<p>Total possible points = 65 51-65 = Satisfactory 33-50 = Needs improvement <32 = Unsatisfactory</p> <p>Course Objective: 2. Formulate nursing care plans, correlations, or clinical reports that demonstrate patient-centered care of diverse populations, evidence-based practice, and clinical judgment. (1,2,3,4,5,8)*</p> <p>Clinical Competency: 2(a.) Correlate relationships among disease process, patient's history, patient symptoms, and present condition utilizing clinical judgment skills. (Noticing, Interpreting, Responding)</p> <p>*End-of-Program Student Learning Outcomes</p>	<p>Total Points: Comments:</p>

Simulation Evaluations

<u>vSim Evaluation</u> Performance Codes: S: Satisfactory U: Unsatisfactory	Rachael Heidebrink (Pharmacology) (1, 2, 6, 7)*	Week 8: Dysrhythmia Simulation (see rubric)	Junetta Cooper (Pharmacology) (1, 2, 6, 7)*	Mary Richards (Pharmacology) (1, 2, 6, 7)*	Lloyd Bennett (Medical-Surgical) (1, 2, 6, 7)*	Kenneth Bronson (Medical-Surgical) (1, 2, 6, 7)*	Carl Shapiro (Pharmacology) (1, 2, 6, 7)*	Comprehensive Simulation (see rubric)
	Date: 2/16/2024	Date: 2/26-27/2024	Date: 3/1/2024	Date: 3/15/2024	Date: 3/22/2024	Date: 3/28/2024	Date: 4/19/2024	Date: 4/19/2024
	Evaluation	S	S	S				
Faculty Initials	AR	AR	AR					
Remediation: Date/Evaluation/ Initials	NA	NA	NA					

* Course Objectives

Lasater Clinical Judgment Rubric Scoring Sheet

*End-of- Program Student Learning Outcomes

STUDENT NAME(S): J. Peterman, M. Barber, L. Sieger
 GROUP #: 4
 SCENARIO: Week 8 Simulation
 OBSERVATION DATE/TIME(S): 2/26/2024 1430-1630

CLINICAL JUDGMENT COMPONENTS						<u>OBSERVATION NOTES</u>
<p>NOTICING: (1,2) *</p> <ul style="list-style-type: none"> • Focused Observation: E A D B • Recognizing Deviations from Expected Patterns: E A D B • Information Seeking: E A D B 						<p>Patient identified, begins assessment. VS. Notices patient is complaining of being tired and nauseous. Notices bradycardia. Notices low SpO2. FSBS 124. Notices abnormal lung sounds. Change in rhythm noticed.</p> <p>Patient identified. Applies monitor. Begins assessment. Notices patient has an elevated heart rate with complaints of palpitations. Patient begins CO not feeling well, coughing.</p> <p>Notices patient is unresponsive, code blue called.</p>
<p>INTERPRETING: (1,2) *</p> <ul style="list-style-type: none"> • Prioritizing Data: E A D B • Making Sense of Data: E A D B 						<p>Heart rate and blood pressure interpreted as being below normal. Interpreted lung sounds- crackles. Rhythm interpreted as sinus bradycardia. Rhythm changed interpreted as 2nd degree AV block Type I. (changed to 2nd degree type 2).</p> <p>Heart rhythm interpreted as atrial fibrillation. Lung sounds interpreted to be crackles.</p> <p>Patient interpreted to be in cardiac arrest. Interprets correct doses of medications. Interprets need to address airway.</p>
<p>RESPONDING: (1,2,3,5,6,7) *</p> <ul style="list-style-type: none"> • Calm, Confident Manner: E A D B • Clear Communication: E A D B • Well-Planned Intervention/ Flexibility: E A D B • Being Skillful: E A D B 						<p>O2 applied. Assessment completed before calling physician. Call to physician to give update and request atropine for low heart rate. Order received and read back. Atropine prepared, patient identified, atropine administered. Call to provider to report patient is in a 2nd degree type 1 heart block- changed to 2nd degree type 2. Epinephrine drip (and dopamine) suggested as an alternate drug.</p> <p>Questions asked to determine orientation. O2 applied. Call to provider to report symptoms. Recommends diltiazem, wants to give a fluid bolus first. Order received (remember to read back). Fluid bolus administered. Lung sounds reassessed following fluid bolus, revealing crackles. Call to provider, recommends diltiazem. Orders received.</p> <p>Code blue called, CPR started, fast patches applied, shock delivered, CPR, epi administered. Shock delivered. Epi Q3 min. Amiodarone considered as an alternate drug.</p>

*End-of- Program Student Learning Outcomes

<p>REFLECTING: (1,2,5) *</p> <ul style="list-style-type: none"> • Evaluation/Self-Analysis: E A D B • Commitment to Improvement: E A D B 	<p>Discussed first scenario, identification and treatments for symptomatic bradycardias. Reviewed chart to look for causes of heart block (metoprolol, patient history). Reviewed heart block interpretation. Talked about holding beta blocker to see if sinus rhythm will be restored. Alternate drugs for complete heart block discussed (epi (drip), dopamine). Discussed low BP due to cardiac output going down. Discussed pacing options for symptomatic bradycardias (transcutaneous, transvenous, permanent). Talked about the importance of adjusting electrical current to obtain capture, need for pain medication.</p> <p>Discussed recognition of A-fib and associated symptoms. Talked about goals of diltiazem therapy. Discussed amiodarone as an alternate medication to diltiazem. Explanation and demonstration of synchronized cardioversion; discussed differences between cardioversion and defibrillation, the need for sedating medications prior to delivering shock. Great teamwork and communication.</p> <p>Discussed the importance of immediate CPR and defibrillation with pulseless patient. Discussed alternative to epi (amiodarone). Potential causes of code blue discussed (review of chart reveals low K+). Defibrillation discussed.</p>
<p>SUMMARY COMMENTS: * = Course Objectives</p> <p>Satisfactory completion of the simulation scenario is a score of “Developing” or higher in all areas of the rubric.</p> <p>E= Exemplary A= Accomplished D= Developing B= Beginning</p> <p>Scenario Objectives:</p> <ul style="list-style-type: none"> • Differentiate the clinical characteristics and ECG patterns of common dysrhythmias. (1,2)* • Choose nursing interventions for patients who are experiencing dysrhythmias. (1)* 	<p>Lasater Clinical Judgement Rubric Comments:</p> <p>Noticing: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information. Recognizes most obvious patterns and deviations in data and uses these to continually assess. Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family.</p> <p>Interpreting: Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data. Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient’s data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success.</p> <p>Responding: Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly</p>

*End-of- Program Student Learning Outcomes

<ul style="list-style-type: none"> • Differentiate between defibrillation and cardioversion. (1,2,6)* • Communicates collaboratively to other healthcare providers utilizing SBAR. (3,5,6,7)* 	<p>difficult or complex situations. Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport. Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response. Displays proficiency in the use of most nursing skills; could improve speed or accuracy.</p> <p>Reflecting: Reflecting: Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered. Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses.</p> <p>You are satisfactory for this simulation. Great job! BS</p>
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Firelands Regional Medical Center School of Nursing
 Skills Lab Evaluation Tool
 AMSN
 2024

*End-of- Program Student Learning Outcomes

Skills Lab Competency Evaluation Performance Codes: S: Satisfactory U: Unsatisfactory	Lab Skills									
	Meditech Document (1,2,3,4,5,6)*	Physician Orders/SBAR (1,2,3,4,5,6)*	Prioritization/Delegation (1,2,3,4,5,6)*	Resuscitation (1,3,6,7)*	IV Start (1,3,4,6)*	Blood Admin./IV Pumps (1,2,3,4,5,6)*	Central Line/Blood Draw/Ports (1,2,3,4,6)*	Head to Toe Assessment (1,2,6)*	ECG/Hand-off report/CT (1,6)*	ECG Measurements (1,2,4,5,6)*
	Date: 1/9/2024	Date: 1/9/2024	Date: 1/9/2024	Date: 1/9/2024	Date: 1/11/2024	Date: 1/11/2024	Date: 1/12/2024	Date: 1/12/2024	Date: 1/12/2024	Date: 1/12/2024
Evaluation:	S	S	S	S	S	S	S	S	S	S
Faculty Initials	FB	FB	FB	FB	FB	FB	FB	FB	FB	FB
Remediation: Date/Evaluation/Initials	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

***Course Objectives**

Comments:

Meditech Documentation: Satisfactory participation of assessment documentation including physical re-assessment, safety and fall assessment, RN mechanical ventilator assessment, IV location assessment, and documentation editing. Great job! FB

Physician Orders/SBAR: Satisfactory completion of physician's order lab per the SBAR skills competency rubric: phone call to physician with SBAR report, receiving and reading back multiple physician orders, and hand-off report given to the next student in rotation. Discussion of the treatment, medications, and plan of care for a patient experiencing NSTEMI and STEMI. CB/BS

Prioritization/Delegation: Satisfactory completion of the prioritization and delegation skills lab. You satisfactorily prioritized care for multiple patients using multiple methods (e.g. Maslow's hierarchy of needs, ABC, Nursing Process, etc.). You were able to appropriately delegate nursing tasks for patients, and you actively participated in the group discussion on delegation of nursing tasks. Great job! BL

Resuscitation: Satisfactory participation in the practice of Hands-Only CPR, discussion regarding use of and ventilation with bag-valve mask/Ambu bag, and review of crash cart and Code Blue team duties and documentation. AR

IV Start: Satisfactory participation in the IV Start lab, including practice with technique, initiation and discontinuation of IV site, and placement of IV dressing. FB/BL/CB/BS

Blood Admin/IV Pumps: Satisfactory completion of practice with blood administration safety checks and quality assurance audit. Great job with IV pump practice, the use of the medication library, and pump set up of primary and secondary IV medication infusion. AR

Central Line Dressing Change: Satisfactory central line dressing change participation providing proper technique guidelines, maintenance of central line ports, and line flushing. FB

Ports/Blood Draw: You were satisfactory in accessing and de-accessing an infusaport device, demonstrated proper technique on how to draw blood from a CVAD, and properly labeled a blood tube per hospital policy. Great job! CB

Head to Toe Assessment: Satisfactory completion of the Head to Toe Assessment. Great job! BL/BS

*End-of- Program Student Learning Outcomes

ECG/Telemetry Placements/Hand-off report/CT: Satisfactory participation with review of monitoring tutorial and placement of ECG/Telemetry patches and leads; satisfactory participation in review of Chest Tube/Atrium tutorial; satisfactory completion of handoff report activity. BL/BS

**EVALUATION OF CLINICAL PERFORMANCE TOOL
Advanced Medical Surgical Nursing- 2024**

**Firelands Regional Medical Center School of Nursing
Sandusky, Ohio**

I was given the opportunity to review my final clinical ratings in each course competency. I was given the opportunity to ask questions about my clinical performance. I have the following comments to make about my clinical performance/final clinical evaluation:

Student eSignature & Date:

ar 12/13/2023